

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

243
State File No. 167
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township San Carlos or Village
City Rice No. U.S. Indian Service Hospital Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Daniel Edward Nash

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other yes 6. Legitimate? yes 7. Date of birth Jan. 16, 1930
Month Day Year

8. FATHER
Full name George Nash

9. Residence (Usual place of abode) Cooldige Dam, Ariz.
If non-resident, give place and state.

10. Color or race 4/4 apache indian 34 (Years)

12. Birthplace (city or place) San Carlos, Ariz.
(State or country)

13. Occupation Com. Labor
Nature of Industry

14. MOTHER
Full maiden name Mabel Reppert

15. Residence (Usual place of abode) Cooldige Dam, Ariz.
If non-resident, give place and state.

16. Color or race 4/4 apache indian 23 (Years)

18. Birthplace (city or place) San Carlos, Ariz.
(State or country)

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4.35 P.M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature] (Physician or midwife)
Rice, Ariz.

Given name added from a supplemental report Month, day, year Address Month, day, year
Registrar Filed, 19 Registrar

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